

FOR UTILITY/DESIGN  
CIP/PCT NATIONAL/PLANT  
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL  
DECLARATIONS

RULE 63 (37 C.F.R. 1.56)  
DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

PW  
FORM

NC14860

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED **IP ROUTING IN AN ACCESS NETWORK**

the specification of which (CHECK applicable BOX(ES))

X  
BOX(ES) → A. ☒ is attached hereto.  
→ B. ☐ was filed on \_\_\_\_\_ as U.S. Application No. \_\_\_\_\_ /  
→ C. ☐ was filed as PCT International Application No. PCT/ \_\_\_\_\_ / \_\_\_\_\_ on \_\_\_\_\_

and (if applicable to U.S. or PCT application) was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. Except as noted below, I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

**PRIOR FOREIGN APPLICATION(S)**

| Number | Country | Day/MONTH/Year Filed | Date first Laid-open or Published | Date Patented or Granted | Priority NOT Claimed |
|--------|---------|----------------------|-----------------------------------|--------------------------|----------------------|
| 990510 | Finland | 9 March 1999         |                                   |                          |                      |
| 991260 | Finland | 2 June 1999          |                                   |                          |                      |

If more prior foreign applications, X box at bottom and continue on attached page.

Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

**PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)**

| Application No. (series code/serial no.) | Day/MONTH/Year Filed | Status                       | Priority NOT Claimed |
|--|----------------------|------------------------------|----------------------|
| PCT/FI00/00178                           | 8 March 2000         | pending, abandoned, patented |                      |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Winthrop LLP, Intellectual Property Group, telephone number (202) 861-3000 (to whom all communications are to be directed), and persons of that firm who are associated with USPTO Customer No. 909 (see below label) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete from that Customer No. names of persons no longer with their firm, to add new persons of their firm to that Customer No., and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or an attorney of that firm in writing to the contrary.

\*00909\*

USE ONLY FOR  
PILLSBURY WINTHROP

00909

(1) INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: 17.8.2001

|                    |  |                        |         |
|--------------------|--|------------------------|---------|
| Name               | Jonne  | Soininen               |         |
| First              | Middle Initial   | Family Name            |         |
| Residence          | Helsinki   | Finland                | Finland |
| City               | State/Foreign Country                                  | Country of Citizenship |         |
| Mailing Address    | Nordenskiöldinkatu 2 B 29, FIN-00250 Helsinki, Finland |                        |         |
| (include Zip Code) |  |                        |         |

(2) INVENTOR'S SIGNATURE: \_\_\_\_\_

Date: 20.8.2001

|                    |  |                        |         |
|--------------------|--|------------------------|---------|
| Name               | Jaakko   | Rajaniemi              |         |
| First              | Middle Initial                                 | Family Name            |         |
| Residence          | Helsinki                                       | Finland                | Finland |
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| (include Zip Code) |  |                        |         |

x FOR ADDITIONAL INVENTORS see attached page.

☐ See additional foreign priorities on attached page (incorporated herein by reference).

Atty. Dkt. No. P

(M#)

## DECLARATION AND POWER OF ATTORNEY

(continued)

## ADDITIONAL INVENTORS

(3) INVENTOR'S SIGNATURE:

Date:

20/08/01

|                        |            |   |         |
|------------------------|------------|---|---------|
| Ahti                   |            | Muhonen                                       |         |
| First                  |            | Middle Initial                                |         |
| Family Name            |            |   |         |
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| Post Office Address    |            | Holperintie 39, FIN-04680 Hirvihaara, Finland |         |
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(4) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |

(5) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |

(6) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |

(7) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |

(8) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |

(9) INVENTOR'S SIGNATURE:

Date:

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| First                  |  | Middle Initial        |  |
| Family Name            |  |                       |  |
| Residence              |  |                       |  |
| City                   |  | State/Foreign Country |  |
| Country of Citizenship |  |                       |  |
| Post Office Address    |  |                       |  |
| (include Zip Code)     |  |                       |  |